

## TUITION REIMBURSEMENT APPLICATION FORM

**City of Chicago**  
**Department of Human Resources**

Term \_\_\_\_\_

**IMPORTANT NOTICE:** After completion, immediately send one copy of this form together with forms PER-51 and PER-52 to the Department of Human Resources, Tuition Reimbursement Section, City Hall, Room 1100, 121 North LaSalle Street, Chicago, IL 60602.

Send the second copy of this form (PER-50) to your Department Head for signature and forwarding to the Department of Human Resources.

Soc. Sec. No. \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_      Name \_\_\_\_\_  
Last First M

Address \_\_\_\_\_ Zip code \_\_\_\_\_ Birth date \_\_\_\_\_

Department \_\_\_\_\_ Bureau/Section \_\_\_\_\_

Title \_\_\_\_\_ Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Employee Status:  Full time     Part Time      Payroll No. \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_

Term: ( ) Semester    ( ) Quarter

Are you in a degree program? ( ) Yes    ( ) No

If "Yes"

( ) Undergraduate Major: \_\_\_\_\_ Credit hrs. completed \_\_\_\_\_

( ) Graduate Major: \_\_\_\_\_ Credit hrs. completed \_\_\_\_\_

\* OR \*

( ) Vocational/technical Certificate sought: \_\_\_\_\_

List all courses in which you are currently registered.

	Course Number	Course Title	Start Date	End Date	Tuition	Credit Hours
1.						
2.						
3.						
4.						

I hereby apply for reimbursement in accordance with the established "Tuition Reimbursement Policy" and requirements of the Department of Human Resources. I have read the policy as stated in forms PER-50, PER-51, PER-52 and PER-53, understand it, and agree to comply with its provisions. I also certify that the information given above is correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### APPROVAL OF DEPARTMENT HEAD OR DESIGNATED AUTHORITY

I hereby certify that the applicant's degree program or individual course(s) presented above are related to the applicant's current or probable future work with the city and that I approve this application for tuition reimbursement.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Approval of Department of Human Resources  Approved     Disapproved